

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on September 8, 2003.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the therapeutic exercises, paraffin bath, office visits, massage and prolonged evaluation and management were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that fees were the only fees involved in the medical dispute to be resolved. As the treatment services listed above were not found to be medically necessary, reimbursement for dates of service from 10/28/02 to 04-08-03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 9th day of January 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division
PR/pr

NOTICE OF INDEPENDENT REVIEW DECISION - AMENDED

Date: December 23, 2003

RE: MDR Tracking #: M5-04-0122-01
IRO Certificate #: 5242

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a Chiropractic physician reviewer that has ADL certification. The Chiropractic physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

According to the supplied documentation, it appears that the claimant injured his left hand on ____ when a pipe crushed his left thumb. The claimant went to the emergency room where surgery was performed, but the amputated portion of his thumb could not be re-attached. The claimant began treatment with ____ on 08/02/2002. Passive and active chiropractic therapies were performed. On 11/26/2002, the claimant underwent re-construction of his thumb by _____. After the surgery was completed, the claimant returned to therapy. ____ evaluated the claimant on 02/19/2003 and gave him a 11% whole person impairment. The documentation reports that therapy lasted into 04/20/03. The documentation ends here.

Requested Service(s)

Please review and address the medical necessity of the outpatient services including therapeutic exercises, paraffin bath, office visits, massage and prolonged evaluation and management rendered between 10/28/2002 – 04/08/2003.

Decision

I agree with the insurance company that the therapy rendered between 10/28/2002 – 04/08/2003 was not medically necessary, exclusive of the dates of therapy from 12/12/02 to 12/31/02 which, apparently, are not at issue.

Rationale/Basis for Decision

According to the documentation supplied, the therapy was not adequately improving the claimant's condition prior to the surgery. After an initial course of 6-8 weeks of therapy, with no significant improvement, other options should have been investigated. Monthly office visits would have been necessary to refer the claimant to the appropriate specialists. After the surgery was performed and the claimant was released to therapy, a short trial of therapy lasting approximately 2 weeks would have been reasonable and necessary. Prolonged therapy beyond the initial 2 weeks is not warranted. If the claimant were not at maximum medical improvement at the end of the therapy, then an appropriate home exercise protocol would be necessary as the treating surgeon, _____ recommended. Since the surgeon released the claimant on 12/12/2002, then the therapy from 12/12/2002 – 12/31/2002 is considered reasonable. At that time, it would have been appropriate to release the claimant to an home exercise program with instructions of muscle strengthening, stretching and the use of a home paraffin bath. All therapy beyond 12/31/2002 is not reasonable or necessary. Monthly office visits are warranted until the claimant was deemed to be at maximum medical improvement, which was determined on 02/19/2003.